



MASTER LICENSE SERVICE  
PO BOX 9048  
OLYMPIA WA 98507-9048  
TELEPHONE: (360) 664-1400

UBI	
OWNER NAME	

## COMMERCIAL TELEPHONE SOLICITOR SUPPLEMENTAL INFORMATION

### INSTRUCTIONS:

This form must be completed by the owner of the Commercial Telephone Solicitor business. (If more space is needed, attach additional sheets using the same format.)

Owner name \_\_\_\_\_  
*Last, First, Middle*

Firm/business name \_\_\_\_\_

1. If your headquarters are located outside of Washington State, and you do not have business locations in Washington State, list name and address where your business correspondence may be sent.

Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street or Route, P.O. Box, City, State, Zip*

2. Provide the following information for each location of your Commercial Telephone Solicitor business:

Location address <i>(Street or Route, P.O. Box, City, State, Zip)</i>	Manager(s) name(s)

3. Is any person other than the licensee to share in the profits or losses of the business?  
(If the business is a corporation, do not list shareholders.) ..... ☐ YES ☐ NO

If yes, list names and addresses below:

Name	Address <i>(Street or Route, P.O. Box, City, State, Zip)</i>

4. Does any person other than the sole proprietor, partners, corporate officers, or stockholders have any financial interest in this business? ..... ☐ YES ☐ NO

If yes, list names and addresses below:

Name	Address <i>(Street or Route, P.O. Box, City, State, Zip)</i>

5. List the physical address where records will be kept for this business. (Do not use a post office box number.)

Address \_\_\_\_\_  
*Street or Route, City, State, Zip*